## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	March 3, 2008	Address:	161 Carrie Ln Apt #110	
Case #;	<u>96-02900</u>		Columbus, IN	
County:	Bartholomew			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:	
(check all the Lithiun	n/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: Compressed cylinder				
☐ Hydrochloric Acid Gas Generator(s):				
⊠ Corresi	ve Acid: <u>Drain Cleaner</u>			
Corrosi	ve Base: Sodium Hydroxide, organic	solvent, free flowing	<u>/elass jar</u>	
Other (i	tem and location);			
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Law Enforcement		
This repor	t is to be faxed to the following agen	icies that serve the l	ocation:	
Fire Depart	ment: Columbus Fire Department	Fax: <u>812-3</u>	<u>76-3500</u>	
Health Department: Bartholomew Co. Health		Fax: <u>812-3</u>	Fax: <u>812-379-1670</u>	
Child Prote	etion Service:	Fax:	-	
	information regarding this methamph ng Officer: <u>Ronald G. Martin</u> Pho	etamine laboratory, co ne <u>812-689-5000</u>	ontact	
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<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.